

Family Friendly Interview
for the
Indiana Child and Adolescent Needs and Strength (CANS)
Comprehensive Assessment 5 to 17

Attached is the revised Family Friendly Interview for the Comprehensive CANS for children who are 5 to 17 years old. It was developed by Dr. John S. Lyons, Northwestern University, in cooperation with families and stakeholders in several states. It has been tailored to fit Indiana's CANS tool and reviewed by Hoosier family representatives. The interview guide is ***NOT*** a required strategy for collecting information to complete the CANS. Rather, the interview guide is intended for use as an aide or supplement to the CANS. CANS users may want to look at the questions for tips/ideas about asking sensitive questions in a manner that is respectful to youth and parents. The questions follow the order of the Indiana CANS tool. However, good practice is to engage the family and child in telling their story, guiding the conversation to cover relevant issues. The interview is *not* required by DMHA.

CANS Indiana INTERVIEW FORMAT

LIFE DOMAIN FUNCTIONING

This section of the CANS focuses on how your child and family are doing right now in major life areas. Please think about the last month (30 days) when you discuss and answer these questions.

Family Functioning. How does your family get along? Are there problems between family members? Has there ever been any violence?

Comments: _____

- ☐ No action needed. Generally, the child 'gets along' with the family.(0)
- ☐ Let's watch, try to prevent. Child is 'kind of' getting along with the family; there are a few problems here and there. (1)
- ☐ Help is needed. Child is not really getting along with the family (parents, bros/sis). There is a lot of fighting. (2)
- ☐ Help is needed immediately/intensively. Child not getting along at all with anyone. There is lots of arguing and may be physical violence.(3)

Living Situation. How is the youth behaving and getting along with others in their current living situation?

Comments: _____

- ☐ No action needed. Living situation is fine. (0)
- ☐ Let's watch, try to prevent. Living situation is just ok, with problems here and there. (1)
- ☐ Help is needed. Living situation is not ok. The child's behavior is really affecting other people in the house. (2)
- ☐ Help is needed immediately/intensively. Living situation is absolutely not working. The child may have to leave my home soon. (3)

School. How is your child doing in school? Has he/she had any problems? Any problems with attendance or leaving school during the school day? Has the teacher or other school personnel called you to talk about your child's behavior? How is your child doing academically in school? Is s/he having difficulty with any subjects? Is s/he at risk of failing any classes? Of being left back?

Comments: _____

-
- ☐ No action needed. Child is good in school. (0)
 - ☐ Let's watch, try to prevent. Child is ok in school with some problems here and there. (1)
 - ☐ Help is needed. Child is having some attendance, achievement or behavior problems in school. (2)
 - ☐ Help is needed immediately/intensively. Child is having serious attendance, achievement or behavior problems in school. (3)

*** A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the School Module.*

Social Functioning. How well does the youth get along with others? Does s/he make new friends easily? Has he/she kept friends a long time or does he/she tend to change friends frequently? How does he/she get along with adults?

Comments: _____

-
- ☐ No action needed. Child is doing great with family and friends at home and community. (0)
 - ☐ Let's watch, try to prevent. Child is doing ok with family and friends at home and community, but there are some concerns. (1)
 - ☐ Help is needed. Child is not doing ok with family and friends at home and community. There are some serious concerns. (2)
 - ☐ Help is needed immediately/intensively. The child is having serious problems with family and friends at home and community. There are extreme concerns. (3)

Recreational. Does your child/youth have things that s/he likes to do with his/her free time? Things that give him/her pleasure? Activities that are a positive use of his/her extra time? Does he/she often claim to be bored or have nothing to do?

Comments: _____

- ☐ No action needed. Child is very active and enjoys activities. keeps him/herself busy all the time. (0)
- ☐ Let's watch, try to prevent. The child has problems at times keeping him/herself busy. (1)
- ☐ Help is needed. Child has some serious problems and doesn't know what to do with free time. (2)
- ☐ Help is needed immediately/intensively. Child has no interest or can't participate in activities. (3)

****Developmental.** Has your child developed like other children his/her age? Does your child's growth and development seem healthy? Has he/she reached appropriate developmental milestones (such as, walking, talking)? Has anyone ever told you that your child may have developmental problems?

Comments: _____

- ☐ No action needed. Child is up to speed with the other kids his/her age. (0)
- ☐ Let's watch, try to prevent. Child is a little immature or acts younger than other kids his/her age. (1)
- ☐ Help is needed. Child has limited abilities or mildly delayed. (2)
- ☐ Help is needed immediately/intensively. Child has some serious issues and is severely delayed. (3)

**** A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Developmental Needs Module.**

Communication. Has your child ever been diagnosed with having a problem with understanding words or using words to express him/herself? Have you ever worried about your child's ability to understand or use words? Has anyone told you that your child has or could have a learning problem related with understanding others or expressive him/herself?

Comments: _____

- ☐ No action needed. Child communications is appropriately for his/her age. (0)
- ☐ Let's watch, try to prevent. Child may have some problems with language or words. (1)
- ☐ Help is needed. Child has limited communication abilities (2)
- ☐ Help is needed immediately/intensively. Child has a severe communication disorder (3)

Judgment *This item rates how a youth makes decisions. Decision-making should be understood from a developmental perspective as youth should make more thoughtful decisions than children.*

Does your child make good choices? Is your child able to anticipate the consequences of his/her behavior? Does your child think through his/her decisions like others his/her age?

Comments: _____

- ☐ No action needed. Child judgment is appropriately for his/her age. (0)
- ☐ Let's watch, try to prevent. Child may have some problems with making poor choices. (1)
- ☐ Help is needed. Child has limited judgment (2)
- ☐ Help is needed immediately/intensively. Child makes very bad decisions and or does not anticipate the consequences of choices placing them in danger. (3)

Job Functioning. *This item rates how a youth is doing in job and job-related functions. (*Note: A child who is not working or engaged in any prevocational activities would be rated a '3' regardless of age).*

Does your child have a job? If so, how is he/she doing at work?

Comments: _____

- ☐ No action needed. Youth has a job or working on a plan to work. (0)
- ☐ Let's watch, try to prevent. Youth is interested in working and has some skills. (1)
- ☐ Help is needed. Youth has very limited work skills, interest or experience. (2)
- ☐ Help is needed immediately/intensively. Youth has no skills or no interests in work. (3)
- ☐ Not applicable. He/she is not currently working

Legal. *This item indicates the youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here.*

Has your child ever admitted to you that he/she has broken the law? Has he/she ever been arrested? Has he/she ever been placed in juvenile detention?

Comments: _____

- ☐ No action needed. There are no legal issues. (0)
- ☐ History of involvement, none currently. There have been some legal problems, but not right now. (1)
- ☐ Current legal involvement. There are some legal problems and is involved in the legal system (probation, parole etc.). (2)
- ☐ Youth at risk of out of home placement due to legal involvement.
- ☐ There are some serious legal issues now or pending. S/he may have a court order to leave home or go to detention. (3)

Medical. Is your child generally healthy? Does he/she have any medical or physical problems? Does your child have to see a doctor regularly to treat any problems (such as asthma, diabetes)?

Comments: _____

- ☐ No action needed. Child is healthy. (0)
- ☐ Let's watch, try to prevent. Child has some problems and needs to see a doctor or a dentist. (1)
- ☐ Help is needed. My child is sick often and has to see the doctor all the time. (2)
- ☐ Help is needed immediately/intensively. My child has serious life-threatening illness. (3)

Physical. Does have any physical limitations (such as may be caused by asthma e.g. child cannot go to gym, or needs an inhaler)? Are there any activities your child cannot do because of a physical or medical condition? How much does this interfere with his/her life?

Comments: _____

- ☐ No action needed. Child is physically fit. (0)
- ☐ Let's watch, try to prevent. Child has some physical problems and can't do some activities. (1)
- ☐ Help is needed. Child has physical problems that stop him/her from doing many activities. (2)
- ☐ Help is needed immediately/intensively. Child has serious physical problems. (3)

Sleep. How many hours does your child sleep each night on average? Is this the proper amount for him/her? How does your child sleep? Do he/she have any trouble falling asleep or staying asleep? Any nightmares or bedwetting?

Comments: _____

- ☐ No action needed. Child sleeps well. (0)
- ☐ Let's watch, try to prevent. Child has occasional sleep problems. (1)
- ☐ Help is needed. Child's sleep problems interfere with his/her functioning or the well-being of others. (2)
- ☐ Help is needed immediately/intensively. Child has severe problems with sleep. (3)

Independent Living *This item is used to describe life skills for youth who are preparing to live without parents or caregivers.*

Does your child know how to take care of him/herself? Does he/she have the skills to live in an apartment by themselves? If not, what skills does he/she need to develop?

Comments: _____

- ☐ No action needed. Youth is ready to live independently. (0)
- ☐ Let's watch, try to prevent. Youth is nearly ready to live independently but may need to develop one skill or fine tune several. (1)
- ☐ Help is needed. Youth needs to develop multiple skills before he/she is ready to live on his/her own. (2)
- ☐ Help is needed immediately/intensively. Youth is completely unprepared to live on his/her own. He/she has no independent living skills (3)

CHILD STRENGTHS

The following section of the CANS focuses on your child's strengths — his/her resources and assets. These are the positive things in your child's life that can be used to help build a brighter future.

Family. How do you care about one another in your family? Is there usually good communication? Is this an area that you could use some help to develop?

Comments: _____

- ☐ Strong. We can build around this. The family is “tight” and talks about everything. (0)
- ☐ Good. With a little help this could be strong. Family is ok and sometimes needs some help with getting along and talking. (1)
- ☐ Potential. Family can identify strengths here but needs to develop them. Family needs help in some areas with getting along and talking. (2)
- ☐ We need help to identify these strengths. My family needs a lot of help getting along and talking with each other or child has no family. (3)

Interpersonal. Do you feel that your child is pleasant and likeable? Is s/he ever charming? Do adults or other children like him/her? Do you feel that your child can act correctly in some social settings?

Comments: _____

- ☐ Strong. We can build around this. Child has a lot of friends and is ‘good’ to them. (0)
- ☐ Good. With a little help this could be strong. Child/youth would make a good friend. (1)
- ☐ Potential. We can identify strengths here but need to develop them. My child needs some help getting and keeping friends. (2)
- ☐ We need help to identify these strengths. Child needs a whole lot of help getting and keeping friends. (3)

Optimism. Does s/he have a generally positive outlook on things; have things to look forward to? Does s/he have plans for the future? Is he/she forward looking and see him/herself as likely to be successful?

Comments: _____

- ☐ Strong. We can build around this. My child is positive. (0)
- ☐ Good. With a little help this could be strong. My child is mostly positive and looks forward to things. (1)
- ☐ Potential. We can identify strengths here but need to develop them. My child has problems staying positive about him/herself and life. My child has highs and lows. (2)
- ☐ We need help to identify these strengths. My child is very negative about him/herself and life. (3)

Educational. Is your child's school an active partner in figuring out how to best meet your child's needs. Does your child like school? Has there been at least one year in which s/he did well in school? When has you child been at his/her best in preschool/school?

Comments: _____

- ☐ Strong. We can build around this. School tries to help my child or my child does well in school. (0)
- ☐ Good. With a little help this could be strong. School tries to help my child or my child likes school. (1)
- ☐ Potential. We can identify strengths here but need help to develop them. School is not dealing with my child's needs. (2)
- ☐ We need help to identify these strengths. School can't or won't help with my child's needs. (3)

Vocational. Does your child know what he/she wants to 'be when they grow up?' Are his/her goals realistic? Have they ever worked? Do they have plans to go to college or vocational school, or for a career?

Comments: _____

- ☐ Strong. We can build around this. Child has work skills and has held a job. (0)
- ☐ Good. With a little help this could be strong. Child has some work skills and has held a job. (1)
- ☐ Potential. We can identify strengths here but need to develop them. My child has some skills and needs help developing more work skills. (2)
- ☐ We need help to identify these strengths. Child needs help developing work skills. (3)

Talents/Interests. What are your child's talents or interests? What are the things that the child does particularly well? What does s/he enjoy?

Comments: _____

- ☐ Strong. We can build around this. Child is talented and knows it! (0)
- ☐ Good. With a little help this could be strong. Child has a talent/interest/hobby that can make him/her feel good about him/herself. (1)
- ☐ Potential. We can identify strengths here but need to develop them. Youth has an interest/hobby, but needs help getting involved. (2)
- ☐ We need help to identify these strengths. Youth is not talented and does not like anything. (3)

Spiritual/Religious. Are you involved with any religious community? Is your child involved? Do you have spiritual beliefs that provide comfort? Does your child have spiritual beliefs that provide comfort?

Comments: _____

- ☐ Strong. Child relies on spirituality or religion for help. (0)
- ☐ Good. With a little help this could be strong. Child goes to church or religious activities that support him/her. (1)
- ☐ Potential. We can identify strengths here but need to develop them. Child is somewhat interested in spirituality/religion. (2)
- ☐ We need help to identify these strengths. The family/child is not interested in, or doesn't have, spirituality/religion. (3)

Community Life. Is the child and family active in a community? Is s/he a member of a community organization or group? Do you feel that your family is a part of a community? Are there things that you do in your community?

Comments: _____

- ☐ Strong. We can build around this. Child mixes well in our community and is involved in events/activities. (0)
- ☐ Good. With a little help this could be strong. Youth is somewhat involved in our community. (1)
- ☐ Potential. We can identify strengths here but need to develop them. Child knows the community, but is not too involved. (2)
- ☐ We need help to identify these strengths. Youth doesn't know his/her community and isn't involved at all. (3)

Relationship Permanence. Does your child have relationships with adults that have lasted his/her lifetime? Is he/she in contact with both parents? Are there relatives in the child's life with whom he/she has long-lasting relationships?

Comments: _____

- Strong. We can build around this. Child has a lot of support with family and friends and both parents for all of his/her life. (0)
- Good. With a little help this could be strong. Child has some good support, but it may not always be there in the future and has one parent consistently involved in their life. (1)
- Potential. We can identify strengths here but need to develop them. Child hasn't had a lot of good support, maybe one person that s/he can count on. There has been divorce, death or taken from my home in the past. (2)
- We need help to identify these strengths. Child has no support whatsoever and may have to live 'on their own' or be adopted. (3)

Youth Involvement. Is your child actively involved in his/her own treatment? Does he/she participate in treatment planning? Is your child's voice being heard? Does your child have the necessary skills to advocate or to participate in his/her treatment plan?

Comments: _____

- Strong. We can build around this. Youth able to advocate for his/herself. (0)
- Good. With a little help this could be strong. Youth is somewhat involved in his/her treatment. (1)
- Potential. We can identify strengths here but need to develop them. Youth willing cooperates with treatment, but is not too involved. (2)
- We need help to identify these strengths. Youth is uninvolved or resistant to treatment or lacks critical skills (3)

Natural Supports. *This item describes unpaid others, besides family members, in the life of your child who have demonstrated their ability and willingness to support your child while they are growing up.*

Outside of your family are there people in your child's life who help them out? How do these individuals help? How often does your child see them?

Comments: _____

- ☐ Strong. We can build around this. Youth has others who they can consistently rely on to help them. (0)
- ☐ Good. With a little help this could be strong. Youth Has some others who can be helpful at least on occasionally. (1)
- ☐ Potential. We can identify strengths here but need to develop them. There are people who might be helpful but they haven't been involved yet. (2)
- ☐ We need help to identify these strengths. Nobody can be identified currently. (3)

ACCULTURATION

Language. *This item includes both spoken and sign language.* Does the child or significant family members have any difficulty communicating (either because English is not their first language, or due to another communication issue such as the need to use/learn sign language)?

Comments: _____

- ☐ Child and family speak English well. (0)
- ☐ Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language. We don't use big words, keep it simple! (1)
- ☐ Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports. We don't speak English, but we know someone who can translate. (2)
- ☐ Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but no qualified individual can be identified within natural supports. We don't speak English and we don't know anyone who can translate. (3)

Identity. *Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.* Do your child and family have a sense of belonging to a specific cultural group? Does your child have role models, friends and community who share his/her sense of culture?

Comments: _____

- ☐ Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity. (0)
- ☐ Child is experiencing some confusion or concern regarding cultural identity. (1)
- ☐ Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture. (2)
- ☐ Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity. (3)

Ritual. *Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. prayer at specific times, eating a specific diet, access to media).* Is your child and family able to celebrate with others (friends, family, community) who share their traditions and customs?

Comments: _____

- ☐ Child and family are consistently able to practice rituals consistent with their cultural identity. (0)
- ☐ Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals. (1)
- ☐ Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity. (2)
- ☐ Child and family are unable to practice rituals consistent with their cultural identity. (3)

Cultural Stress. *Cultural stress refers to problems associated with the reaction of others to your child's cultural identity based on their knowledge, attitudes, or beliefs.* Has your child experienced problems with the reaction of others to his/her cultural identity? Has your child experienced discrimination?

Comments: _____

- ☐ Child experiences no problems from others due to his/her cultural identity. (0)
- ☐ Child is experiencing some problems from others regarding cultural identity. (1)
- ☐ Child has significant struggles with others who do not share his/her culture. (2)
- ☐ Child is experiencing severe problems due to conflict regarding his/her culture. (3)

CAREGIVER STRENGTHS & NEEDS

The following section of the CANS identifies areas of strength and need for parenting/caregiving of your child and family.

Supervision. How do you feel about your ability to keep an eye on and discipline your child/children? Do you think you might need some help with these issues?

Comments: _____

- ☐ No action needed. I can take care of the child and I discipline him/her. (0)
- ☐ Let's watch/wait. For the most part, I can take care of the child and discipline him/her. (1)
- ☐ Help is needed. I have a lot of trouble taking care of or disciplining the child. I need some kind of help. (2)
- ☐ Help is needed immediately/intensively. I can't take care of or discipline the child. I need a lot of help and I'm concerned that s/he may get hurt. (3)

Involvement. How do you feel about being involved in services for your child? Do you feel comfortable being an advocate? Would you like any help to become more involved?

Comments: _____

- ☐ No action needed. I have a strong voice for the child and fight for his/her rights. (0)
- ☐ Let's watch/wait. I have found help for the child in the past, but now I need some support. (1)
- ☐ Help is needed. I don't want to be involved in this program. (2)
- ☐ Help is needed immediately/intensively. Hey, please take this kid! (3)

Knowledge. Do you feel comfortable with what you know about your child's needs? Have professionals told you things about your child that you didn't know what they were trying to say? Are there areas that you feel you would like to know more?

Comments: _____

- ☐ No action needed. I know what the child's good points are and I know what s/he needs. (0)
- ☐ Let's watch/wait. I know a lot about the child, but I think that I need some more information. (1)
- ☐ Help is needed. I definitely need some more information in order to better care for the child. (2)
- ☐ Help is needed immediately/intensively. I know my problems and I know they affect the child. (3)

Organization. Do you think you need or want help with managing your home? Do you have difficulty getting to appointments, managing a schedule?

Comments: _____

- ☐ No action needed. I am well organized and on top of things. (0)
- ☐ Let's watch/wait. I have some little problems organizing my life. I may forget some things, but I'm pretty good at doing things for the child. (1)
- ☐ Help is needed. I have problems organizing my life. I often forget to return calls or make appointments. (2)
- ☐ Help is needed immediately/intensively. I can't organize my life! I need a lot of help with all these services for the child. (3)

Social Resources. Do you have enough of what you need to take care of your families needs? Do you have family members or friends who can help you when you need it?

Comments: _____

- ☐ No action needed. My friends and family help me with the child. (0)
- ☐ Let's watch/wait. I have some family/friends who help me with the child. (1)
- ☐ Help is needed. I have some family/friends that can maybe help me with the child. (2)
- ☐ Help is needed immediately/intensively. I don't know anyone who can help me with the child. (3)

Residential Stability. Is your current housing situation stable? Do you have any concerns that you might have to move in the near future? Have you lost your housing?

Comments: _____

- ☐ No action needed. I'm going to be living here a long time. (0)
- ☐ Let's watch/wait. I'm going to be living here for a while. I've been living here about 3 months or I may be moving in about 3 months because I'm having some problems. (1)
- ☐ Help is needed. I've moved around a lot in the past year. (2)
- ☐ Help is needed immediately/intensively. I've been homeless at times during the last 6 months. (3)

Physical Health. How is your health? Do you have any health problems that make it hard for you to take care of your family? Does any one else in the family have serious physical needs? Do you help care for them?

Comments: _____

- ☐ No action needed. I'm pretty healthy. (0)
- ☐ Let's watch/wait. I'm recovering from some health problems. (1)
- ☐ Help is needed. I have some health problems that get in the way of parenting. (2)
- ☐ Help is needed immediately/intensively. I can't take care of this child because I have some serious health problems. (3)

Mental Health. Do you have any mental health needs that make parenting more difficult? Does any one else in the family have serious mental health needs? Do you help care for them?

Comments: _____

- ☐ No action needed. I'm emotionally stable. (0)
- ☐ Let's watch/wait. I'm recovering from some emotional problems. (1)
- ☐ Help is needed. I have some emotional problems that sometimes make it difficult to parent. (2)
- ☐ Help is needed immediately/intensively. I can't take care of this child because I have some serious emotional problems. (3)

Substance Abuse. Do you have any substance abuse needs that make parenting more difficult? Does any one else in the family have serious substance abuse needs? Do you help care for them?

Comments: _____

- ☐ No action needed. I don't use drugs or alcohol. (0)
- ☐ Let's watch/wait. I'm in recovery from drugs/alcohol. (1)
- ☐ Help is needed. I use drugs/alcohol and I can't take care of this child sometimes, because of it. (2)
- ☐ Help is needed immediately/intensively. I use drugs/alcohol and I can't be a parent right now because of it. (3)

Developmental. Has anyone ever told you that you may have developmental problems that makes parenting/caring for your child more difficult?

Comments: _____

- ☐ No action needed. I'm able to function as a parent. (0)
- ☐ Let's watch, try to prevent. I have some problems here and there, but I can still take care of this child. (1)
- ☐ Help is needed. I have some difficulties functioning and I need some help being a good parent. (2)
- ☐ Help is needed immediately/intensively. I have some serious difficulties functioning and I can't be a parent now. (3)

Accessibility to Care. Do you have access to day care/child care services you need to parent your child or children? What services do you need that you feel you currently cannot obtain?

Comments: _____

- ☐ No action needed. I have full access. (0)
- ☐ Let's watch, try to prevent. I have some problems here and there, but I can still have sufficient access. (1)
- ☐ Help is needed. I have trouble finding the services I need. (2)
- ☐ Help is needed immediately/intensively. I have some serious difficulties finding any services for my child or children. (3)

Family Stress. Do you find it stressful at times to manage the challenges you experience when it comes to dealing with your child's needs? Do you find it hard to manage at times? Does your stress ever interfere with your ability to care for your child? If so, does it ever reach a level that you feel like you can't manage it?

Comments:

- ☐ Caregiver able to manage the stress of child/children's needs. (0)
- ☐ Caregiver has some problems managing the stress of child/children's needs. (1)
- ☐ Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care. (2)
- ☐ Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting. (3)

Safety. Has the state ever been involved with your family? What happened that they became involved? Are they currently involved? If so, what led to their involvement? Is there any current concern about the child/youth's safety from a child protection perspective?

Comments: _____

- ☐ No action needed. My house is safe and secure. Child is not at risk from others. (0)
- ☐ Let's watch/wait. My child is safe at home, but I am concerned about my neighborhood. (1)
- ☐ Help is needed. Child isn't 100% safe at home and I am concerned because this family member of family friend can come to my house. (2)
- ☐ Help is needed immediately/intensively. Child is in danger and I'm scared my child could end up alone with this person.. (3)

CHILD BEHAVIORAL/EMOTIONAL NEEDS

This section of the CANS focuses on identifying potential mental health needs of your child. This section deals only with your child. Again, please think about the last month (30 day) period of time for describing your child's needs.

Psychosis. Has your child ever talked about hearing, seeing or feeling something that you did not believe was actually there? Has your child ever done strange or bizarre things of which you could make no sense? Does your child have strange beliefs about things? Has anyone ever told you that your child has a thought disorder or a psychotic condition?

Comments: _____

- ☐ No action needed. Child is not psychotic and I don't suspect any hallucinations, delusions or bizarre behavior. (0)
- ☐ Let's watch, try to prevent. I suspect, or there is a history of hallucinations, delusions, or bizarre behavior. (1)
- ☐ Help is needed. I see hallucinations, delusions, or bizarre behavior. (2)
- ☐ Help is needed immediately/intensively. I definitely see hallucinations, delusions, or bizarre behavior and I think it relates to some kind of disorder or mental health issue. Also, I think that this behavior puts the child or others at risk of harm. (3)

Impulse/Hyperactivity. Is your child able to sit still for any length of time? Does he/she have trouble paying attention for more than a few minutes? Is your child able to control him/herself? Have other people told you that your child is "hyper?"

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. I see some problems with the child. S/he is hyper, can't focus, is easily distracted or acts without thinking. (1)
- ☐ Help is needed. I definitely see some problems here. S/he is hyper, can't focus, is easily distracted or acts without thinking. It's interfering with other parts of my child's life. (2)
- ☐ Help is needed immediately/intensively. Clearly, there are serious problems here. Child is going to get hurt if his/her impulsive behavior continues. (3)

Depression. Do you think your child is depressed or irritable? Has he/she withdrawn from normal activities? Does your child seem lonely or not interested in others?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has a history of depression or I suspect s/he is depressed. I think s/he may be depressed because of something negative that happened recently. I don't think that it has a big impact on him/her. (1)
- ☐ Help is needed. My child is clearly depressed. S/he has a depressed mood or is really irritable. The depression has seriously affected him/her in at least one area. Child may also be withdrawn, avoids or can't/won't speak. (2)
- ☐ Help is needed immediately/intensively. Child has serious issues with depression. It is affecting him/her so seriously that it is impossible for him/her to function. (3)

Anxiety. Does your child have any problems with anxiety or fearfulness? Is s/he avoiding normal activities out of fear? Does your child act frightened or afraid? Does your child worry a lot?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has a history of anxiety or I suspect that the child is anxious. I think my child may have anxiety because of something negative that has happened recently. I don't think it has a big impact on him/her. (1)
- ☐ Help is needed. My child is clearly anxious. S/he has an anxious mood and is fearful. The anxiety has seriously affected him/her in at least one area. (2)
- ☐ Help is needed immediately/intensively. Child has serious issues with anxiety. It is affecting him/her so seriously that it is impossible for him/her to function. (3)

Oppositional Behavior. Does your child do what you ask him/her to do? Has a teacher or other adult told you that your child does not follow rules or directions? Does your child argue with you when you try to get them to do something?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has a history of being oppositional, or recently (last 6 weeks), s/he has been defiant toward authority figures. (1)
- ☐ Help is needed. Child is clearly oppositional or defiant toward authority figures. It's interfering with other parts of my child's life. Other's really get hurt by his/her behavior. (2)
- ☐ Help is needed immediately/intensively. Child has serious issues with being oppositional or defiant. S/he threatens to physically hurt others. (3)

Conduct. Is your child honest? How does your child handle telling the truth/lies? Has anyone told you that your child has been part of any criminal behavior? Has your child ever shown violent or threatening behavior towards others? Has your child ever intentionally hurt animals or set fires?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has a history of being antisocial or I suspect that s/he is antisocial. S/he may lie, steal, manipulate or become sexually/physically aggressive toward others, property, or animals. (1)
- ☐ Help is needed. Child is clearly antisocial. S/he may lie, steal, manipulate or become sexually/physically aggressive toward others, property, or animals. (2)
- ☐ Help is needed immediately/intensively. Child has serious issues with being antisocial. S/he does the above. Child may hurt him/herself or the community. (3)

****Adjustment to Trauma.**

This dimension covers the youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends.

Has youth experienced a traumatic event? Does s/he experience frequent nightmares? Is s/he troubled by flashbacks? Is s/he unusually afraid of being alone, or of participating in normal activities?

Comments:

- ☐ Youth has not experienced any significant trauma or can readily get over traumatic experiences. (0)
- ☐ Youth has some mild adjustment problems to trauma. (1)
- ☐ Youth has marked adjustment problems associated with traumatic experiences. Youth may have nightmares or other notable symptoms of adjustment difficulties. (2)
- ☐ Youth has post-traumatic stress difficulties as a result of traumatic experience. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post Traumatic Stress Disorder (PTSD). (3)

*** A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Trauma Module**.*

Anger Control. How does your child control his/her temper? Does s/he get upset or frustrated easily? Does s/he become physical when angry? Does he/she have a hard time if someone criticizes or rejects him/her?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has some problems controlling anger. Sometimes when s/he is frustrated, s/he gets verbally aggressive. Family And friends know there are problems and try not to make him/her angry. (1)
- ☐ Help is needed. Child has problems controlling anger. Temper has gotten the child into a lot of trouble with friends, family &/or school. S/he may even get violent. We know how angry s/he can get. (2)
- ☐ Help is needed immediately/intensively. Child has serious problems controlling anger. S/he is always fighting and many times it gets physical. Other people are scared of him/her. (3)

****Substance Abuse**

Substance abuse refers to any alcohol or illegal drug use or the inappropriate use of prescription drugs or household chemicals. This dimension describes the youth or adolescent's current use of the above.

Do you know whether the youth has used alcohol or any kind of drugs? Do you suspect that the youth may have an alcohol or drug use problem? Has anyone reported that they think the youth might be using alcohol or drugs?

Comments:

- ☐ Youth is not using or is currently abstinent and has maintained abstinence of at least one year. (0)
- ☐ Youth has been abstinent for the past 30 days, or presents light and sporadic alcohol/marijuana use. No current problems associated with substance use. (1)
- ☐ Youth actively uses alcohol or drugs but not daily. Substance use causes some problems for the youth or others. (2)
- ☐ Youth uses alcohol and/or drugs on a daily basis. (3)

*** A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Substance Abuse Module.*

Eating Disturbance. Does your child have any problems with eating? Does he/she hoard food or refuse to eat or eat too much?

Comments:

- ☐ Child has no problems with eating. (0)
- ☐ Child has some minor problems with eating or has overcome serious Problems in the past. (1)
- ☐ Child has problems with eating that interfere with his/her functioning. (2)
- ☐ Child has severe eating difficulties that are either dangerous or disabling. (3)

CHILD RISK BEHAVIORS

The section of the CANS asks about whether or not your child currently behaves in ways that could prove to be dangerous to him/herself or others.

Danger to Self/Suicide Risk. Has your child ever talked about a wish or plan to die or to kill him/herself? Has s/he ever tried to commit suicide?

Comments: _____

- ☐ No action needed - no history or concern. I don't see any issues here.(0)
- ☐ Let's watch, try to prevent. Child has a history, but has not thought about it or tried to kill him/herself recently. (1)
- ☐ Help is needed. Child recently had thoughts about it or tried to kill him/herself, but not in the past 24 hours. (2)
- ☐ Help is needed immediately/intensively. Child is thinking about killing him/herself. OR the child is hallucinating that talk about harming him/herself. (3)

Self Mutilation. Has your child ever talked about a wish or plan to hurt him/herself? Does your child ever purposely hurt him/herself (e.g. cutting)?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has a history of physically hurting him/herself (self-mutilation). (1)
- ☐ Help is needed. Child hurts him/herself physically (self-mutilation), but s/he doesn't need to see a doctor for it. (2)
- ☐ Help is needed immediately/intensively. Child hurts him/herself physically (self-mutilation), and s/he does need to see a doctor for it. (3)

Other Self Harm. Has your child ever talked about or acted in a way that might be dangerous to him/herself (e.g. reckless behavior such as riding on top of cars, climbing grain elevators, promiscuity)?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has done things in the past (other than suicide or self-mutilation) to physically hurt him/herself. Child can definitely get hurt by these behaviors (including reckless and risk-taking behaviors that put him/her in danger). (1)
- ☐ Help is needed. Child is currently doing things (other than suicide or self-mutilation) to physically hurt him/herself. Child can definitely get hurt by these behaviors (including reckless and risk-taking behaviors that put him/her in danger). (2)
- ☐ Help is needed immediately/intensively. Child does things (other than suicide or self-mutilation) to physically hurt him/herself. Child is in immediate danger because of these behaviors (including reckless and risk-taking behaviors that put him/her in danger). (3)

****Danger to Others.** Has your child ever injured another person on purpose? Does he/she get into physical fights? Has your child ever threatened to kill or seriously injure another person?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Youth has a history of thinking about killing OR physically harming someone OR setting fires. This place him/her OR someone else in danger. (1)
- ☐ Help is needed. Youth has recently thought about killing OR physically harming someone OR setting fires, but not in the past 24 hours. (2)
- ☐ Help is needed immediately/intensively. Youth has a plan to kill OR physically harm someone OR has hallucinations that tell him/her to harm others. OR the youth has set a fire that has placed others in danger. (3)

*** A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Violence Module*

****Sexual Aggression.** Has your child ever been accused of being sexually aggressive with another child? What happened after that?

Comments: _____

- ☐ No action needed. I don't see any issues here. There is no sexual contact with younger children, non-consenting people or children who cannot understand consenting to sex. (0)
- ☐ Let's watch, try to prevent. The child has a history of being sexually aggressive, but has not exhibited any sexually aggressive or inappropriate behavior in the past year. (1)
- ☐ Help is needed. Child has been sexually aggressive in the past year, but not in the past 30 days. (2)
- ☐ Help is needed immediately/intensively. Child has been sexually aggressive in the past 30 days. (3)

*** A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Sexual Aggression Module.*

****Runaway.** Has your child ever run away from home, school or any other place? If so, where did they go? How long did they stay away? How did you find them? Do they ever threaten to run away?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has a history of running away from home or other places and has been gone at least one night. (1)
- ☐ Help is needed. Child has run away or thought about running away, but not in the past 30 days. (2)
- ☐ Help is needed immediately/intensively. Child is definitely going to run away. I know this because s/he recently tried to run away OR thought about running away OR is currently on the run. (3)

*** A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Runaway Module.*

****Delinquency.** Has your child been involved in any delinquent activities including truancy and curfew violations? Has your child ever been arrested?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has a history of delinquency, but not within the past 30 days. (1)
- ☐ Help is needed. Child has recently been delinquent. (2)
- ☐ Help is needed immediately/intensively. Child has seriously been delinquent and s/he is placing him/herself or others at risk of loss or harm. S/he may even be 'charged'. (3)

*** A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Delinquency Module**.*

****Firesetting.** Has the youth ever played with matches, or set a fire? If so, please describe what happened. Did the fire setting behavior destroy property or endanger the lives of others?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has a history of setting fires, but not in the past 6 months. (1)
- ☐ Help is needed. Child has recently set a fire (within past 6 months) but not a fire that has placed anyone in danger. S/he was playing with matches. OR the child has repeatedly set fires during a 2 year period, but not in the last 6 months. (2)
- ☐ Help is needed immediately/intensively. The child is threatening to set fires. S/he has set a fire that has endangered others (such as burning down a house). (3)

*** A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Firesetting Module**.*

Social Behavior. Does your child ever intentionally do or say things to upset others? Has anyone ever told you that your child has sworn at them or done other behavior that was insulting, rude or obnoxious? Does your child seem to purposely get in trouble by making you or other adults angry with them?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has some problems with social behavior. It may not be often. S/he may seek attention through negative behavior. (1)
- ☐ Help is needed. Child has a definite problem with social behavior. S/he intentionally gets in trouble. (2)
- ☐ Help is needed immediately/intensively. Child has serious problems with social behavior. If it continues, s/he may suffer big consequences, such as suspension from school or loss of living situation. (3)

Bullying. How does your child get along with other children? Has anyone ever told you that your child has picked on, made fun of, harassed or intimidated another child? Have you ever worried that your child might bully other children?

Comments: _____

- ☐ No action needed. I don't see any issues here. (0)
- ☐ Let's watch, try to prevent. Child has some problems with bullying. (1)
- ☐ Help is needed. Child has a definite problem with bullying. S/he may often curse in public. (2)
- ☐ Help is needed immediately/intensively. Child has serious problems with bullying. If it continues, s/he may suffer big consequences, such as suspension from school or loss of living situation. Threatening others is also included here. (3)
